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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	05-03-001
	First Named Inventor	Thomas P. Pritchard, et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
Examiner Name		

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR LIFECYCLE DIGITAL MATURITY ASSESSMENT

the specification of which (Title of the invention)

☒ is attached hereto
OR☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/491,873	08/01/2003	

(Page 1 of 2)

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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **34279** → ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number or Bar Code Label **34279** OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname	
Thomas P.		Pritchard	
Inventor's Signature	Date		12/9/03
Residence: City	Howell	State	MI
		Country	USA
Post Office Address	4463 Wiltshire		
Post Office Address			
City	Howell	State	MI
		ZIP	48843
		Country	USA

☒ Additional inventors are being named on the ☒ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Trudi M.				Waite			
Inventor's Signature		Trudi M. Waite		Date		12/9/03	
Residence: City		Rochester Hills		State		MI	
				Country		USA	
Post Office Address		803 Majestic Drive					
Post Office Address							
City		Rochester Hills		State		MI	
				ZIP		48306	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Helmut Christopher				Weber			
Inventor's Signature		H. Christopher Weber		Date		12/9/03	
Residence: City		Northville		State		MI	
				Country		USA	
Post Office Address		18017 Maple Hill Court					
Post Office Address							
City		Northville		State		MI	
				ZIP		48167	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Stephen P.				Black			
Inventor's Signature				Date			
Residence: City		Ann Arbor		State		MI	
				Country		USA	
Post Office Address		2200 Fuller Ct., Apt. 1205B					
Post Office Address							
City		Ann Arbor		State		MI	
				ZIP		48105	
				Country		USA	

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Trudi M.				Waite			
Inventor's Signature				Date			
Residence: City	Rochester Hills	State	MI	Country	USA	Citizenship	USA
Post Office Address	803 Majestic Drive						
Post Office Address							
City	Rochester Hills	State	MI	ZIP	48306	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Helmut Christopher				Weber			
Inventor's Signature				Date			
Residence: City	Northville	State	MI	Country	USA	Citizenship	USA
Post Office Address	18017 Maple Hill Court						
Post Office Address							
City	Northville	State	MI	ZIP	48167	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Stephen P.				Black			
Inventor's Signature	<i>Stephen P. Black</i>			Date	12/8/03		
Residence: City	Ann Arbor	State	MI	Country	USA	Citizenship	USA
Post Office Address	2200 Fuller Ct., Apt. 1205B						
Post Office Address							
City	Ann Arbor	State	MI	ZIP	48105	Country	USA

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	05-03-001
	First Named Inventor	Thomas P. Pritchard, et al.
	COMPLETE IF KNOWN	
	Application Number	10/737,215
	Filing Date	12/16/2003
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR LIFECYCLE DIGITAL MATURITY ASSESSMENT

the specification of which *(Title of the invention)*

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/16/2003 as United States Application Number or PCT International Application Number 10/737,215 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/491,873	08/01/2003

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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 353(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **45113** → **Place Customer Number Bar Code Label here**

☐ OR Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **45113** OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any)		Family Name or Surname			
Thomas P.		Pritchard			
Inventor's Signature				Date	
Residence: City	Howell	State	MI	Country	USA
Post Office Address	4463 Wiltshire				
Post Office Address					
City	Howell	State	MI	ZIP	48843
				Country	USA

☒ Additional inventors are being named on the ☒ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Trudi M.				Waite				
Inventor's Signature				Date				
Residence: City		Rochester Hills	State	MI	Country	USA	Citizenship	USA
Post Office Address		803 Majestic Drive						
Post Office Address								
City		Rochester Hills	State	MI	ZIP	48306	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Helmut Christopher				Weber				
Inventor's Signature				Date				
Residence: City		Northville	State	MI	Country	USA	Citizenship	USA
Post Office Address		18017 Maple Hill Court						
Post Office Address								
City		Northville	State	MI	ZIP	48167	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Stephen P.				Black				
Inventor's Signature				Date				
Residence: City		Ann Arbor	State	MI	Country	USA	Citizenship	USA
Post Office Address		2200 Fuller Ct., Apt. 1205B						
Post Office Address								
City		Ann Arbor	State	MI	ZIP	48105	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Rajiv				Khoshoo			
Inventor's Signature	<i>Rajiv Khoshoo</i>			Date	4/29/05		
Residence: City	Irvine	State	CA	Country	USA	Citizenship	USA
Post Office Address	11 Winterbranch						
Post Office Address							
City	Irvine	State	CA	ZIP	92604	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John F.				Miller			
Inventor's Signature	<i>John F. Miller</i>			Date	4/27/05		
Residence: City	Irvine	State	CA	Country	USA	Citizenship	USA
Post Office Address	93 Canyoncrest						
Post Office Address							
City	Irvine	State	CA	ZIP	92603	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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